

Iowa OSHA
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FOR OFFICE USE ONLY

Filing Date		
Sent By		
Date	Time	
Investigation Planned	Yes	No
Investigation Number		

WHISTLEBLOWER COMPLAINT FORM

Complainant Information

Complainant Name		I am a(n)	Other	
Mailing Address		City	State	Zip
Home Phone	Mobile Phone	Email		
Date of Hire	Job Title	Union Representative		
Preferred Method of Contact		Preferred Time to Contact	Other	

Employer Information

Employer Name				
Mailing Address		City	State	Zip
Same as Mailing Address	Site Address	City	State	Zip
Phone	Fax	Email		
Supervisor Name		Supervisor Job Title		
Type of Business				

Whistleblower Allegation

Who was Responsible For the Alleged Retaliation?		Job Title
Type of Retaliation	Other Retaliation	Date Action was Taken
What Reasons were you Given for the Actions?		
Why do you Believe these Actions were Taken?		
Have you Filed Previous Complaints Against this Employer?	If Yes, what was the Complaint Number?	Date Filed
Have you Taken any other Actions to Appeal, Grieve or Report this Matter?	If Yes, to Whom?	Date Filed
Comments		
Signature		Date